Before the FEDERAL COMMUNICATIONS COMMISSION Washington, D.C. 20554

In re Application of

CLOUD NINE BROADCASTING, INC.

et al.

For New FM Station
Kalispell, MT

To: The Managing Director

MM Docket No. 92-303

RECEIVED

APR - 7 1993

FEDERAL COMMUNICATIONS COMMISSION
OFFICE OF THE SECRETARY

REQUEST FOR REFUND OF COMPARATIVE HEARING FEE

Pursuant to 47 CFR § 1.1111(b)(4), Cloud Nine Broadcasting, Inc. ("Cloud Nine") requests a refund of its \$6,760 hearing fee. Cloud Nine is entitled to a prompt refund because (a) an ALJ has 3. In view of the foregoing, a refund of Cloud Nine's \$6,760 hearing fee should be promptly REFUNDED.

Respectfully submitted,

Robert Lewis Thompson PEPPER & CORAZZINI

1776 K Street, N.W.

Suite 200

Washington, D.C. 20006

(202) 296-0600

Counsel for Cloud Nine Broadcasting, Inc.

April 7, 1993

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ROBERT LEWIS THOMPSON

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OF COUNSEL

FREDERICK W. FORD

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March 2, 1992

By Courier

Ms. Donna R. Searcy Secretary Federal Communications Commission c/o Mellon Bank P.O. Box 358170 Pittsburgh, Pennsylvania 15251-5170

Re: Cloud Nine Broadcasting, Inc.

BPH-910926MI Kalispell, Montana

Dear Ms. Searcy:

Enclosed for filing on behalf of the referenced applicant is the \$6,760 hearing fee and FCC Form 155 required by Public Notice Report No. NA-155, released December 27, 1991.

Sincerely,

Robert Lewis Thompson

Enclosures (2)

cc: Mr. James E. Schaeffer

RLT/ad 4041/xhrgfee.rlt Approved by OMB 3060-0440 Expires 2/28/93

SECTION

Pepper & Corazzini

APPLICANT NAME (Last, first, middle initial) CLOUD NINE BROADCASTING, INC.

1776 K Street, NW, Suite 200

MAILING ADDRESS (Line 2) (if required) (Maximum 35 characters)

FEDERAL COMMUNICATIONS COMMISSION FEE PROCESSING FORM

MAILING ADDRESS (Line I) (Maximum 35 characters - refer to Instruction (2) on reverse of form)

FOR	
FCC	
USE	
ONLY	
1	

Please read instructions on back of this form before completing it. Section I MUST be completed. If you are applying for concurrent actions which require you to list more than one Fee Type Code, you must also complete Section II. This form must accompany all payments. Only one Fee Processing Form may be submitted per application or filing. Please type or print legibly. All required blocks must be completed or application/filing will be returned without action.

CITY Washington					
STATE OR COUNTRY (if foreign add	lress) ZIP CODE	CALL SIGN OR OTHER FCC IDENTIFIER (If applicable)			
DC .	20006	New FM (910926	MI)		
Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in FCC Fee Filing Guides. Enter in Column (B) the Fee Multiple, if applicable. Enter in Column (C) the result obtained from multiplying the value of the Fee Type Code in Column (A) by the number entered in Column (B), if any. (A) (B) (C) FEE TYPE CODE FEE MULTIPLE (if required) FOR FCC USE ONLY					
M W R		\$ 6,760.00			
SECTION II — To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code.					
	(B) E MULTIPLE f required)	(C) FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	FOR FCC USE ONLY		
(2)		\$			
(3)		\$			
(4)		\$			
(5)		\$			
ADD ALL AMOUNTS SHOWN IN COLU THROUGH (5), AND ENTER THE TOTAL THIS AMOUNT SHOULD EQUAL YOUR REMITTANCE.	HERE. ENCLOSED	TOTAL AMOUNT REMITTED WITH THIS APPLICATION OR FILING	FOR FCC USE ONLY		

109 540 105 511 Ch Chr 318 6th. St. West 12hite Fish Mt. 59937 THRD & SPOKANE * P.O. BOX 100 406-862-2551 WHITERSH: MONTANA 59937 Cloud Nine Brougho. ACCOUNT NO 93-105/929 DOLLARS